

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P020: Aetna Life & Health Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 7,023,590
Services Submitted: 7,023,590

Source File: P020_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS	173,420	192,146	10.8	4,063,403	4,439,942	9.3	290,070,229	334,436,045	15.3
3: PPO or Other Managed Care	79,220	70,673	-10.8	1,994,596	1,853,527	-7.1	144,041,698	140,871,964	-2.2
4: Indemnity Care	16,844	16,100	-4.4	672,090	662,862	-1.4	25,194,371	26,485,666	5.1
5: HMO-POS Rider									
6: EPO		2,637			67,259			5,558,833	
9: Payer Code=9 (Unknown and Missing)									
Total	264,118	278,201	5.3	6,730,089	7,023,590	4.4	459,306,298	507,352,508	10.5

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	236,092	249,520	5.7	5,431,606	5,645,405	3.9	395,996,035	434,795,857	9.8
HMO Fee for Service									
HMO Capitated	2,904	3,238	11.5	46,519	71,138	52.9			
Medicare, All Types	4,347	4,166	-4.2	214,483	238,698	11.3	17,856,175	22,055,068	23.5
No Plan Assigned	23,667	24,483	3.4	1,037,481	1,068,349	3.0	45,454,088	50,501,583	11.1
Total	264,118	278,201	5.3	6,730,089	7,023,590	4.4	459,306,298	507,352,508	10.5

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	3,112	4,064	30.6	48,312	63,024	30.5	3,209,216	4,668,004	45.5
3: Private Employer Sponsored Fully Self-Ins	217,054	220,695	1.7	5,451,630	5,497,794	0.8	369,806,134	394,236,619	6.6
4: Private Employer Sponsored Insured	15,939	19,629	23.2	328,966	438,906	33.4	24,812,386	35,002,599	41.1
5: Public Employee	15,860	21,319	34.4	455,293	504,548	10.8	29,525,646	35,153,657	19.1
6: Comprehensive Standard Health Benefit Plan	7,237	7,778	7.5	147,629	162,236	9.9	10,435,732	12,181,793	16.7
7: Medicare Provided by a Medicare HMO/CMS	5,131	4,893	-4.6	298,259	357,082	19.7	21,517,184	26,109,836	21.3
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	264,118	278,201	5.3	6,730,089	7,023,590	4.4	459,306,298	507,352,508	10.5

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.